

DIVISION OF ALCOHOL AND SUBSTANCE ABUSE (DASA)  
**DASA TARGET AGENCY STAFF**

AGENCY NUMBER

**SECTION I: STAFF PERSONAL INFORMATION**

1. LAST NAME	2. FIRST NAME	3 MIDDLE NAME	4. GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female																				
5. DATE OF BIRTH		7. STAFF IDENTIFICATION																					
8. RACE/ETHNICITY (CHECK A MAXIMUM OF FOUR THAT APPLY) <table border="0"> <tr> <td><input type="checkbox"/> Asian Indian</td> <td><input type="checkbox"/> Middle East</td> </tr> <tr> <td><input type="checkbox"/> Black/African American</td> <td><input type="checkbox"/> Native American</td> </tr> <tr> <td><input type="checkbox"/> Cambodian</td> <td><input type="checkbox"/> Other Asian</td> </tr> <tr> <td><input type="checkbox"/> Chinese</td> <td><input type="checkbox"/> Other Pacific Islander</td> </tr> <tr> <td><input type="checkbox"/> Filipino</td> <td><input type="checkbox"/> Other Race</td> </tr> <tr> <td><input type="checkbox"/> Guamanian</td> <td><input type="checkbox"/> Refused to Answer</td> </tr> <tr> <td><input type="checkbox"/> Hawaiian</td> <td><input type="checkbox"/> Samoan</td> </tr> <tr> <td><input type="checkbox"/> Japanese</td> <td><input type="checkbox"/> Thai</td> </tr> <tr> <td><input type="checkbox"/> Korean</td> <td><input type="checkbox"/> Vietnamese</td> </tr> <tr> <td><input type="checkbox"/> Laotian</td> <td><input type="checkbox"/> White/European American</td> </tr> </table>				<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Middle East	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Native American	<input type="checkbox"/> Cambodian	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Chinese	<input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> Filipino	<input type="checkbox"/> Other Race	<input type="checkbox"/> Guamanian	<input type="checkbox"/> Refused to Answer	<input type="checkbox"/> Hawaiian	<input type="checkbox"/> Samoan	<input type="checkbox"/> Japanese	<input type="checkbox"/> Thai	<input type="checkbox"/> Korean	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Laotian	<input type="checkbox"/> White/European American
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<input type="checkbox"/> Laotian	<input type="checkbox"/> White/European American																						
9. SPANISH/HISPANIC/LATINO (CHECK ONE BOX ONLY) <table border="0"> <tr> <td><input type="checkbox"/> Cuban</td> <td><input type="checkbox"/> Not Spanish/Hispanic/Latino</td> <td><input type="checkbox"/> Puerto Rican</td> </tr> <tr> <td><input type="checkbox"/> Mexican, Mexican American, Chicano</td> <td><input type="checkbox"/> Other Spanish/Hispanic/Latino</td> <td><input type="checkbox"/> Refused to Answer</td> </tr> </table>				<input type="checkbox"/> Cuban	<input type="checkbox"/> Not Spanish/Hispanic/Latino	<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Mexican, Mexican American, Chicano	<input type="checkbox"/> Other Spanish/Hispanic/Latino	<input type="checkbox"/> Refused to Answer														
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10. EMPLOYMENT START DATE		11. EMPLOYMENT END DATE																					